UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:*	7. Your Phone Number:	
2. Your Email Address: *	8. Full Case Number (if applicable):	
3. Receipt Agency Tracking ID:*	☐ Attorney Admission	
4. Transaction Date:*	☐ Civil Case Filing ☐ Audio Recording	
5. Transaction Time:*	9. Fee Type: Description Notice of Appeal	
6. Transaction Amount (Amount to be refunded):*	☐ Pro Hac Vice ☐ Writ of Habeas Corpus	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required.		
 For a duplicate charge, provide the correct receipt number in If you paid a filing fee in an abandoned case number, note that 	this field. t case number here (but e-file the refund request in the open case).	

✓ Efile this form using OTHER FILINGS \rightarrow OTHER DOCUMENTS \rightarrow APPLICATION FOR REFUND.

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: Approved Denied Denied — Resubmit amended application (see	DENIED By Ana Banares at 1:28 pm, Nov 08, 2023
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number:
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please provide the correct receipt number in section 10. Please Efile the application for refund form	
in the new/open case.	
Referred for OSC date (if applicable):	

CERTIFICATE OF SERVICE

I hereby certify that on this 8th day of November 2023, a true and correct copy of the preceding Application for Refund was presented and served via electronic filing on the Finance Unit, Office of the Clerk, U.S. District Court, 450 Golden Gate Avenue, P.O. Box 36060, San Francisco, CA 94102.

<u>Isl Michael M Weinkowitz</u> Michael M. Weinkowitz